

CE Verification of Attendance

PLEASE NOTE: This is not a CE credit claim form, please access your MY TRANSCRIPT account on the DIA website to claim CE credit.

Instructions for Completion of Form:

- Please write your name below (please print clearly)
- For each session attended, place a check mark in the appropriate box
- Sign and date the form below and return this to NAEvents@diaglobal.org by June 5, 2020 and be sure to claim your CE credit by accessing your DIA account and go to My Transcript on June 12, 2020
- All sessions listed below are eligible for IACET credit unless otherwise noted.

Print Name: _____ Email Address: _____

Time	Title	Attended
Wednesday, May 27		
11:00AM-12:30PM	Session 1: Challenges with Global Development and Satisfying Regulatory Requirements	
1:30-3:00PM	Session 2: Statistical, Regulatory, and Operational Considerations for the Use of Digital Health Technologies and Endpoints in Clinical Trials	
3:30-5:00PM	Session 3: Technology Advances for Design and Analysis of Complex Innovative Designs Issues	
Thursday, May 28		
8:30-10:00AM	Session 4: The Evolution of MID3 and the Intersection of Biostatistics and Clinical Pharmacology in MID3 Clinical Trials	
10:30AM-12:00PM	Session 5: The Role of Pragmatic Trials for Regulatory Problems	
1:00-2:30PM	Session 6: Safety and Benefit-Risk Assessment	
Friday, May 29		
9:30-11:00AM	Session 7: A Community of Networks, Creating, and Leveraging a Network of Distributed Data Supporting Medical Product Development	
12:00-1:30PM	Session 8: Senior Leaders Town Hall Session	
2:00-3:30PM	Session 9: Therapeutic Area Focused Session: Diabetes with a Focus on NASH	

"By signing below, I hereby attest that the sessions listed above accurately reflects my participation in this educational activity. I understand continuing education credit is only available for the total number of CEUs advertised and that I cannot receive partial credit for IACET. Furthermore, I understand that complete attendance is necessary in order to be eligible to receive IACET credit. I do hereby attest that this information is true, accurate and complete to the best of my knowledge and I understand that any falsification, or concealment of information may subject me to the rescindment of CE credit."

Signature: _____

Date: _____